

**Commonwealth of Massachusetts
Department of Correction
Standard Operating Procedure**

**Attachment to 103 CMR 505, *Use of Force*
Municipal Police Training Committee (MPTC) Use of Force Model ©**

I. PURPOSE

This Standard Operating Procedure (SOP) establishes internal guidelines consistent with 103 CMR 505, *Use of Force*, for training and uses of reasonable force by Department of Correction (Department) staff members. The purpose of the MPTC Use of Force Model © is to provide staff members with the necessary knowledge to address most situations they may face while working on duty. It is impossible to plan for every incident that may occur within a correctional environment, but a standardized response to a categorized threat helps staff members do their jobs in a professional and safe manner.

II. APPLICABILITY

This attachment to 103 CMR 505, *Use of Force* is applicable to all staff members of the Massachusetts Department of Correction.

III. MPTC TOTALITY TRIANGLE & USE OF FORCE MODEL ©

The purpose of utilizing the MPTC Use of Force Model © is to provide the information necessary for staff members to do their jobs when they are confronted with a problem involving a subject. It is recognized that most encounters that occur within a correctional environment between staff members and inmates are positive, and inmates, for the most part, are cooperative. It is also recognized that prisons can be confrontational environments, and as such, staff members need to be constantly alert and prepared to address any situation that may arise.

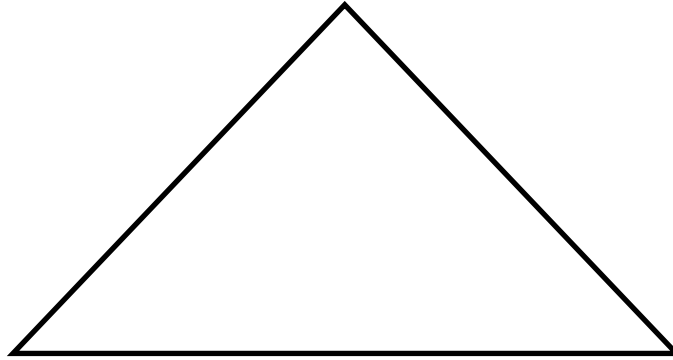
The assessment of risk that is made each day by correctional staff members is critically important to their safety and security and to all those who work and live within the institution. It is also the first factor in determining the reasonable amount of force utilized when a situation does present itself. Understanding this assessment of risk allows the staff member to determine the most “balanced” response to respond appropriately to events that occur.

REMEMBER: It is the balanced combination of perceived subject levels of resistance, perceived threat categories, and reasonable officer response levels that make up the reasonable use of force. Only when there is a reasonably balanced threat/risk perception and perceived subject threat level, may an officer apply a balanced level response.

TOTALITY TRIANGLE ©

The following represents the MPTC Use of Force Model © that should be used when dealing with a subject:

Perceived Circumstance



Perceived Subject Action(s)

Reasonable Officer(s) Response

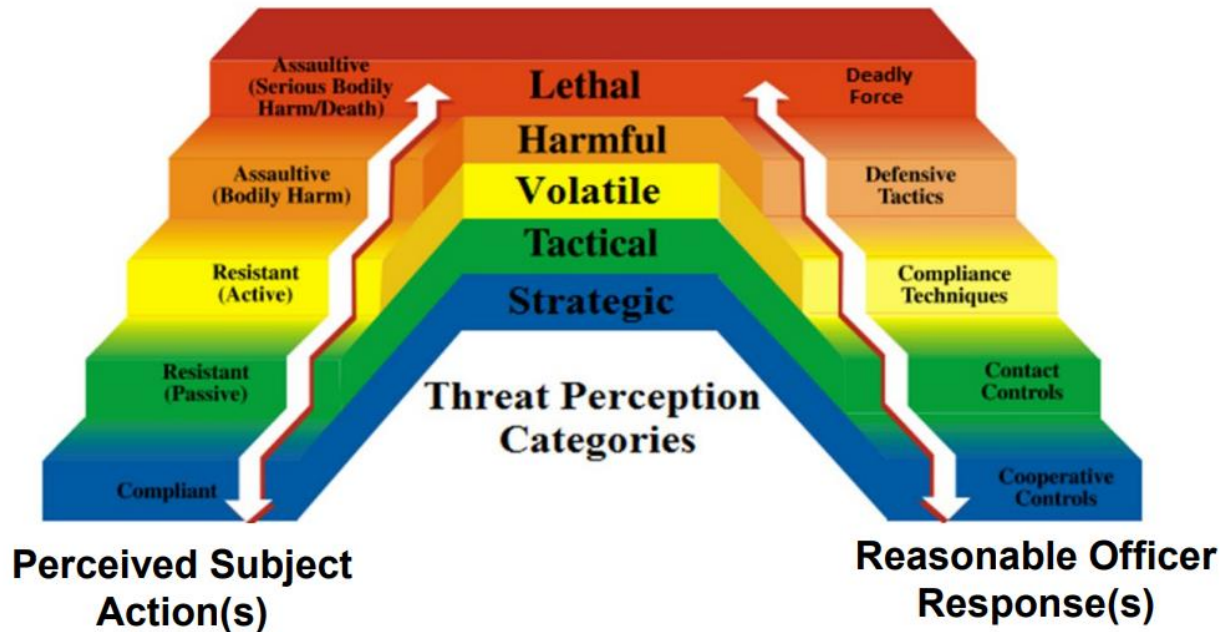
Definitions:

Perceived Circumstances: The reasonable officer's perspective of the situation in reference to the severity of any offense, the existence of an immediate safety threat to the officer or others, and the degree of compliance/non-compliance from the subject. These factors culminate in the identification of Threat Perception on the MPTC Use of Force Model ©.

Perceived Subject Action(s): The subject's action(s) as perceived by the reasonable officer that designate the subject in one or more of the MPTC Use of Force Model's © compliant/non-compliant categories.

Reasonable Officer Response(s): The balanced response appropriate for the reasonable officer's selection identified within the MPTC Use of Force Model's © response categories, to maintain or gain subject compliance and control.

MPTC USE OF FORCE MODEL ©



MPTC USE OF FORCE MODEL (LEVEL 1)

Threat Perception Category (STRATEGIC): The officer's baseline perception and occupationally accepted risks. The officer is aware of surroundings and employs basic safety strategies (e.g., distance, positioning).

Perceived Subject Action(s) (COMPLIANT): The subject is fully cooperative and offers no resistance. The majority of officer and subject encounters are compliant.

Reasonable Officer Response(s) (COOPERATIVE CONTROLS): Most officer encounters are positive and cooperative. Officers maintain or gain compliance using command presence, mutual respect, and effective communication skills.

MPTC USE OF FORCE MODEL (LEVEL 2)*

Threat Perception Category (TACTICAL): There is perceptual increase in risk assessment with safety strategies deployed. Underlying circumstances and other factors indicate forthcoming interaction or enforcement action.

Perceived Subject Action(s) (RESISTANT, PASSIVE): A subject who is noncompliant with officer commands that is non-violent and does not pose an immediate threat to the officer or others. The subject is uncooperative but does not make any overt physical action or body movement while resisting.

Reasonable Officer Response(s) (CONTACT CONTROLS): Used by officer to stop subject resistance (passive). An officer shall only use the amount of force necessary against a subject who is engaged in passive resistance to achieve voluntary compliance of said subject and shall use de-escalation tactics where feasible. The officer must deploy tactical strategies to gain control through “hands on” techniques designed primarily to guide or direct the subject. The primary force components include leverage, strategic stabilization & direction, etc. that are not designed to produce pain compliance. Examples include guiding, directing, assisting, etc.

***The Superintendent/Division Head or designee may authorize the use of OC during a Cell/Area Extraction based upon the totality of the circumstances. The Team Leader is still responsible for documenting their decision to use/not use OC if authorized, and the decision must be a balanced level response to the Team Leader’s reasonably balanced threat/risk perception and perceived subject threat level.**

MPTC USE OF FORCE MODEL (LEVEL 3)

Threat Perception Category (VOLATILE): Threat potential is recognized by the officer. The level of danger and potential for bodily harm is increasing. Action by the officer is ongoing or certain.

Perceived Subject Action(s) (RESISTANT, ACTIVE): The subject’s resistance becomes more active in scope and intensity. Subject intentionally uses overt physical action, physical strength, or body movement to resist.

Reasonable Officer Response(s) (COMPLIANCE TECHNIQUES): Used by officer to stop subject resistance (active). Officer may use non-weapon grabs, holds, pressure points, joint locks, non-deadly force options (e.g., OC), or any combination as needed to stop subject resistance as quickly as possible.

MPTC USE OF FORCE MODEL (LEVEL 4)

Threat Perception Category (HARMFUL): Accelerated assessment of danger. Bodily harm to officers or others is ongoing or imminent.

Perceived Subject Action(s) (ASSAULTIVE, BODILY HARM): Officer attempts to gain lawful control are countered by active assault by subject. The scope and severity of subject's assault would not reasonably result in death or serious bodily harm to the officer or other person.

Reasonable Officer Response(s) (DEFENSIVE TACTICS): Used by officer to stop assaultive (bodily harm) subject resistance. Officer may use non-deadly force options and weaponless tactics, or any combination as needed to stop subject resistance as quickly as possible.

MPTC USE OF FORCE MODEL (LEVEL 5)

Threat Perception Category (LETHAL): Perceived threat of imminent risk of death or serious bodily injury to officer or third party.

Perceived Subject Action(s) (ASSAULTIVE, SERIOUS BODILY INJURY OR DEATH): The subject's actions pose an imminent risk of death or serious bodily injury to the officer or others.

Reasonable Officer Response(s) (DEADLY FORCE): Used by officer to stop imminent death or serious injury. Officer may use deadly force to stop subject resistance as quickly as possible. An officer shall not use deadly force upon a subject unless de-escalation tactics have been attempted and failed or are not feasible based on the totality of the circumstances and such force is necessary to prevent imminent harm to a person and the amount of force used is proportionate to the threat of imminent harm.

**Commonwealth of Massachusetts
Department of Correction
Standard Operating Procedure**

**Attachment to 103 CMR 505, *Use of Force*
De-Escalation Techniques**

I. PURPOSE

This Standard Operating Procedure (SOP) establishes internal guidelines consistent with 103 CMR 505, *Use of Force*, for de-escalation techniques in connection with uses of reasonable force by Department staff members.

II. PHILOSOPHY

The Department's regulations require that Department staff members be trained in methods of de-escalating a conflict whenever feasible, and that staff members should only use force as a last resort in resolving any conflict. De-escalation techniques may prevent injuries to staff members and inmates.

III. STEPS/GUIDELINES

Verbal direction and interaction is the most effective and widely used tool a staff member has to accomplish the job. Success in gaining compliance, or conversely, the escalation of a situation into a use of physical force, may often be attributed to the staff member's use or non-use of verbal skills.

Principles of verbal tactics:

- Acknowledge feelings but deal with observable behavior.
- Focus on restoring cognitive thinking and the ability to make rational decisions, instead of being controlled by emotion.
- Maintain control of yourself and the situation.
- Know what you are trying to accomplish and how to do it.
- Assess the situation and determine where the inmate falls in the behavior sequence of Baseline, Upset, Angry, or Out of Control.

BASELINE behavior is an inmate's day-to-day behavior that they display. Also known as the "status quo," this behavior is different from inmate to inmate. Responses to this behavior may include:

- Officer presence
- Consistent with rounds
- Granting/Denying requests

- Referrals to proper areas
- Ensuring inmate compliance with cell decorum, and other rules and regulations

If the inmate is **UPSET**, you may use the Tactical Questioning techniques:

Isolate the inmate and tactfully address the inmate's specific behavior.

- Let the inmate identify and interpret the problem.
- Employ active listening and verbal mirroring.
- Ask the inmate what the inmate is doing about the issue.
- Have the inmate identify other resolution options.
- Establish accountability with the inmate by restating the option selected by the inmate.

If the inmate is **ANGRY**, employ Powerful Directives. Elements of a Powerful Directive are:

- Keep it clear and simple. Use the rule of five (5) simple words, e.g., "*Step out of the dayroom.*"
- If there is no immediate compliance, give two options: one negative (results of non-compliance) and one positive (desired behavior), e.g., "*Return to your cell or return to your seat.*"
- Offer options **you** can enforce. If you do not have the authority to change an inmate's housing status, **then it is not an option**. Calling someone who has that authority then becomes the option.
- Always state the desired option last as the last statement a person hears has more impact on their decision.
- Keep options reasonable and within policy.
- If the situation allows, give reasonable time and space for the inmate to make a choice.
- Structure your statements and actions so that it is the inmate against policy, not the inmate against you or another staff member.

If the inmate is **OUT OF CONTROL**, the inmate may not respond to directives, and there is an increased risk of assault on staff members or other inmates. In this state, the cognitive chain is broken.

OUT OF CONTROL falls into two modes (**Predatory & Affective**):

- **Predatory**: Behavior that is the result of a conscious choice to be non-compliant, resistive, or prone to assault. It is marked by a lack of emotion.
- **Affective**: Behavior that is animated and emotional. It carries with it extreme anaerobic output. In looking at the anaerobic outline and understanding the process, the effectiveness of verbal communication is increased when the affective behavior is in the depletion or rest cycle.

The basic responses to **OUT OF CONTROL** behavior (**Safety First**):

1. Give space. The inmate may attack without warning.
2. Display a lack of threat by:

- Opening hands;
 - Nodding head;
 - Breaking eye contact; and/or
 - Backing away at an angle
3. Make notification. The inmate's adrenaline will likely make the inmate very difficult to restrain.
 4. Isolate and contain to eliminate access to weapons or allies.
 5. Follow up with appropriate reports and documentation for the situation.

**Commonwealth of Massachusetts
Department of Correction
Standard Operating Procedure**

**Attachment to 103 CMR 505, *Use of Force*
MPTC Defensive Tactics**

I. PURPOSE

This Standard Operating Procedure (SOP) establishes internal guidelines consistent with 103 CMR 505, *Use of Force*, for defensive tactics in connection with uses of reasonable force by Department staff members.

II. TYPES OF DEFENSIVE TACTICS

A. BALANCED STANCES:

1. Basic Stance
2. Defensive Stance

B. PATTERNS OF MOVEMENT:

1. Forward Shuffle
2. Rear Shuffle
3. Strong Side-Step
4. Support Side-Step
5. Forward Pivot
6. Rear Pivot

C. CONTROL AND RESTRAIN TECHNIQUES:

1. Escort Position
2. Front Wrist Lock
3. Rear Wrist Lock
4. Bent Wrist Lock
5. Armbar Takedown

D. BLOCKING TECHNIQUES:

1. High Block
2. Low Block
3. Strong Side Block

4. Support Side Block
5. Middle Block

E. STRIKES:

1. Straight Punch
2. Palm Heel Strike
3. Elbow Strikes
4. Edged Fist Strike
5. Knee Strike
6. Kicks

F. GROUND DEFENSE TECHNIQUES:

1. Falling Techniques
2. Standing Up
3. Coiled Snake
4. Turtle on Back

G. PERSONAL/CHOKE DEFENSE:

1. Ground Choke Defense
2. Front Choke
3. Rear Choke
4. Headlock

H. EDGED WEAPON DEFENSE:

1. Evade, Grab, Disarm, Neutralize
2. Jam, Control, Counter

I. DISTRACTIONARY TECHNIQUES:

1. Mandibular Angle
2. Tricep Pinch
3. Radial Nerve
4. Median Nerve
5. Hip Push
6. Side of Thigh
7. Shin
8. Top of Foot

**Commonwealth of Massachusetts
Department of Correction
Standard Operating Procedure**

**Attachment to 103 CMR 505, *Use of Force*
Cell/Area Extractions**

I. PURPOSE

This Standard Operating Procedure (SOP) establishes internal guidelines consistent with 103 CMR 505, *Use of Force*, for Cell/Area Extractions in connection with reasonable uses of force by Department staff members. When time permits, said Cell/Area Extractions should be approved by the Superintendent/designee, and when the Shift Commander has assembled and outfitted a Cell/Area Extraction team. It is impossible to plan for every incident that may occur within a correctional environment, but a standardized procedure for Cell/Area Extractions helps staff members do their jobs in a professional and safe manner and recognizes that taking the time to find a safer option may prevent injury to staff members and inmates, especially when the inmate has a weapon.

II. APPLICABILITY

This attachment to 103 CMR 505, *Use of Force* is applicable to all staff members of the Massachusetts Department of Correction.

III. EMERGENCY CELL/AREA ENTRY PROCEDURES

Emergency Cell/Area entries are not governed by this SOP and shall be conducted in accordance with 103 DOC 562, *Code 99 Emergency Response Guidelines*. Any force used during an Emergency Cell/Area entry shall be conducted in accordance with 103 CMR 505, *Use of Force*.

IV. REQUIREMENTS GOVERNING THE USE OF OC, CHEMICAL AGENTS, SPECIALTY IMPACT MUNITIONS/DISTRACTION DEVICES, BATONS, AND ELECTRONIC CONTROL DEVICES

The use of OC, chemical agents, specialty impact munitions, distraction devices, batons, and Electronic Control Devices (ECDs) are governed by 103 DOC 509, *OC, Chemical Agents, Specialty Impact Munitions/Distracton Devices, Batons, and Electronic Control Devices*.

V. REQUIREMENTS GOVERNING THE USE OF INSTRUMENTS OF RESTRAINT

The use of Instruments of Restraint are governed by 103 DOC 520, *Instruments of Restraint Policy*.

VI. CELL EXTRACTION TEAM EQUIPMENT

Each Superintendent at medium and maximum-security institutions shall ensure that, at a minimum, the following equipment is available for each team or team member:

- One (1) helmet for each team member, with full face shield (helmet is to be numbered on the back);
- One (1) groin protector, one (1) pair elbow and knee pads for each team member;
- One (1) security vest for each team member;
- One (1) pair cut proof, bite-resistant gloves/glove inserts and arm shields for each team member;
- One (1) pair leather or nylon gloves for each team member;
- One (1) jumpsuit or coveralls for each team member;
- One (1) nylon pullover jacket with hood for each team member;
- One (1) face mask respirator for each team member;
- One (1) Poly-Captor or equal shield for each team;
- One (1) pair of handcuffs with keys for each team; and
- One (1) pair of leg irons with keys for each team.

VII. CELL/AREA EXTRACTION TEAM ASSIGNMENTS

Each Superintendent of medium and maximum-security institutions shall ensure that a minimum of five (5) staff members are on duty during each shift who are trained in Cell/Area Extraction procedures. The staff member assigned as the Video Camera Operator should be trained in standardized Video Operator procedures. The team shall consist of:

<u>Title</u>	<u>Responsibility</u>
Team Leader	Supervise team. Gives all verbal commands to team and inmate. Responsible for briefing and deployment of OC.
Shield Position	Ensure proper use of Poly-Captor Shield. Assists in control of inmate.

Restraint Position	Responsible for control of the inmate's lower body. After containment, responsible for applying hand and leg restraints.
Extremity Positions (2)	Provides support on the right and left side of Shield Position. Responsible for control of the inmate's upper body.
Video Operator	Video records the entirety of the Cell/Area Extraction, to include briefing, impartial intervention, Cell/Area Extraction, and subsequent escort until the inmate is secured and restraints have been removed.

VII. PROTOCOLS PRIOR TO THE CELL/AREA EXTRACTION

- A. The Superintendent/designee shall approve all Cell/Area Extractions.
- B. The Officer in Charge (OIC) shall brief the Shift Commander of the initial incident. The briefing shall include, at a minimum, the following:
 - Inmate's name;
 - Location;
 - Description of inmate's non-compliance;
 - Whether weapons are involved;
 - Any available intelligence information; and
 - Whether the inmate is refusing to be handcuffed voluntarily.
- C. The Superintendent/designee shall ensure that an Impartial Staff Member speaks with the inmate prior to a Cell/Area Extraction to achieve voluntary compliance and avoid the use of force. Whenever possible this staff member shall be someone who was not involved in the original incident with the inmate with the goal of de-escalating the situation without using force. A reasonable time limit will be established between the Superintendent/designee and Impartial Staff Member prior to engaging the inmate in dialogue. This is not a negotiation session; however, it is understood that good, productive de-escalation takes time. There should be an active dialogue between the inmate and Impartial Staff Member to achieve voluntary compliance with an order to be restrained. Simply asking the inmate if they are willing to be placed in restraints and comply with the rules and regulations of the institution does not constitute an active dialogue.

Safety shall always be the first concern when introducing the Impartial Staff Member to the incident site. An Impartial Staff Member shall not be used if their introduction would present a serious risk to the security of the institution, or when such intervention would pose harm or risk to the staff member. Such reasons shall be documented in an incident report by the Team Leader and the Shift Commander's

Cover Letter. Consideration should be given to use Crisis Negotiation Team (CNT) or Crisis Intervention Team (CIT) members not part of the Cell/Area Extraction team whenever possible. The use of Mental Health Professionals or Medical Healthcare Professionals as Impartial Staff Members for the purpose of a Cell/Area Extraction should be reserved as a last resort.

It is not the purpose of the Impartial Staff Member to notify the inmate that the Superintendent/designee has authorized OC. This should be left for the Team Leader.

- D. The Superintendent/designee shall continue the efforts of an Impartial Staff Member to secure the voluntary compliance of the inmate for as long as necessary. It shall be the Superintendent's/designee's responsibility to determine when Cell/Area Extraction procedures are implemented. The Impartial Staff Member shall brief the Shift Commander on the results of the intervention strategy.
- E. Before any Cell/Area Extraction, the Shift Commander shall designate a Team Leader, a Video Camera Operator, and ensure a Qualified Healthcare Professional is present. The Shift Commander should consult with the Team Leader in selecting four (4) team members (additional staff members as needed); however, the Shift Commander shall be responsible for the final selection.
- F. If the use of OC is approved by the Superintendent/designee, the inmate(s) in adjacent cells shall also be checked for contraindications. If contraindications exist, the inmate(s) shall be offered to be moved to a non-affected area before OC is used, unless an emergency exists requiring the immediate use of OC. Such offers to move, and the subsequent move, shall be video recorded in their entirety until the inmate(s) are secured in a non-affected area.
- G. The Shift Commander shall then brief the designated Team Leader and, if present, extraction team members. The Team Leader shall ensure that team members are properly outfitted, briefed, and have been given their assignments. Team members shall have their helmet and mask removed during the briefing. The briefing shall include, at a minimum, the following:
 - Inmate's name;
 - Location;
 - Description of inmate's non-compliance;
 - Reason for Cell/Area Extraction;
 - Whether weapons are involved;
 - Whether the use of OC is approved or denied;
 - Whether there are any medical contraindications;
 - Any available intelligence information, and

- Whether the inmate is refusing to be handcuffed voluntarily.
- H. The Team Leader shall communicate the appropriate course of action for the Cell/Area Extraction. Procedures shall be developed to ensure that the briefing of all team members is video recorded.
- I. The Team Leader may request approval for additional staff members or equipment if they feel extra staff members will be needed to assist in the Cell/Area Extraction. The Team Leader shall ensure that the additional personnel are equipped with the proper equipment and appropriately briefed.

VIII. CELL/AREA EXTRACTION PROCEDURES

Professionalism and discipline during a Cell/Area Extraction is of utmost importance.

- A. Once the determination is made to end the use of the Impartial Staff Member, the Team Leader shall order the inmate to submit to the application of restraint equipment before Cell/Area Extraction procedures are implemented.
- B. The ventilation system in the area of deployment should be disabled to prevent the spread of OC if authorized, when possible. A staff member assigned by the Shift Commander to disable the ventilation system shall be readily available.
- C. The Team Leader shall advise the inmate of the potential for the use of OC if the inmate should fail to obey the order, provided the use of OC has been authorized by the Superintendent/designee. The Team Leader determines whether the use of OC would assist in successfully completing the use of force without injury to staff members or the inmate.
1. The Team Leader shall be positioned in such a manner for the effective deployment of OC. It is the Team Leader's responsibility to administer approved OC during a Cell/Area Extraction.
 2. The Team Leader shall be trained and currently certified in the application of OC.
 3. The Team Leader shall order the inmate to comply with being restrained (e.g., "cuff up") after each application of OC.
- D. OC shall be given the time to work prior to breaching or entering a cell/area. After the first application of OC, the Team Leader shall continuously monitor the inmate to determine willingness to comply with an order to be placed in restraints. If the inmate still refuses to be placed in restraints, and after an order to be restrained (e.g., "cuff up"), a second application of OC may be administered. If the Team Leader

believes that additional applications of OC would not force compliance on the part of the inmate, a Cell/Area Extraction may be implemented, and the Team Leader may give the order to breach or enter a cell/area.

- E. It is the responsibility of the Team Leader to determine the reasonableness of using OC, as well as the appropriate time to enter the cell/area. The Team Leader may decide at any time to enter a cell/area if they reasonably believe it would assist in successfully completing the use of force without injury to staff members or the inmate. The Team Leader shall be positioned to maintain constant visual observation of the events and shall not be directly involved in the physical restraining of the inmate, unless required to do so in cases of exigent circumstances.
- F. The Team Leader should be the only member of the team to speak directly to the inmate during a Cell/Area Extraction. Team members shall limit their communication to the Team Leader and other members of the team. It is the Team Leader's responsibility to control the actions of the team members by giving clear instructions throughout the Cell/Area Extraction. During a Cell/Area Extraction, if it is necessary for a team member other than the Team Leader to address an inmate due to unforeseen circumstances, it shall be limited and done in a professional manner.
- G. The Shield Position is the lead person into the cell/area, followed by the Extremity Positions. The Shield Position shall move towards the inmate and make contact to move, when necessary, the inmate to the wall, floor, or bed. The Extremity Positions shall place their hands on the Shield Position's shoulder to provide support. This will create additional strength to control the inmate.
- H. The Shield Position shall utilize the shield to control the inmate until it is no longer necessary and/or hinders the Cell/Area Extraction.
- I. In situations involving an unrestrained inmate who is resisting efforts of staff members to regain control, staff members may use their body weight for only such period of time as is necessary to gain control of and/or restrain the inmate.
- J. Staff members shall never sit or put their body weight on an inmate's back, chest, or abdomen once an inmate is secured in restraints.
- K. Staff members shall never connect handcuffs to leg restraints.
- L. Once an inmate is secured, a Spit Shield/Hood may be applied at the discretion of the Team Leader on any inmate who has exhibited the tendency to spit in the past or has spit on staff members either during or after a Cell/Area Extraction.
- M. Once the inmate is secured and no longer resisting, the inmate shall be afforded the opportunity to walk out of the cell/area. Inmates who refuse to voluntarily comply

with an escort (e.g., refuses to stand, refuses to walk) shall be transported via a four-person carry (one staff member per limb), wheelchair, stair chair, or gurney. It is noted the use of a wheelchair, stair chair, or gurney is the preferred method of transport for a non-compliant inmate to increase safety for all involved.

1. A four-person carry to transport an inmate shall be considered a use of force and shall be reported as such in accordance with 103 CMR 505, *Use of Force*.
 2. The act of lifting an inmate, four-person or otherwise, onto a wheelchair, stair chair, gurney, or bed shall not be considered a use of force, unless the inmate physically resists.
- N. After the inmate is escorted out of the cell/area, the inmate shall be brought to a predetermined area for an unclothed search. After the unclothed search the inmate shall be medically screened. Decontamination, if necessary, shall occur during the medical screening. The type of decontamination used shall depend on the type of OC used. Ten (10) minute showers should be offered to all inmates exposed to OC after the medical screening is completed, unless exigent circumstances exist (e.g., evidence preservation in accordance with 103 DOC 519, *Sexual Harassment/Abuse Response Prevention Policy (SHARPP)*; inmate being escorted out of the institution for an emergency hospital trip, etc.). Also, the shower will not be conducted if the inmate is non-compliant. Any such exigent or non-compliant circumstances must be documented. Prior non-compliant behavior (e.g., events resulting in the Cell/Area Extraction) cannot be the sole reason a shower is not conducted. The shower shall be conducted in restraints.
- O. Search procedures shall be in accordance with 103 DOC 506, *Search Policy*. If clothes must be cut, staff members are to utilize trauma shears/rescue cutters and shall not rip or tear clothing during removal.
- P. Upon completion of the medical assessment and/or shower, the inmate shall be walked to a holding area if they are not resisting. The Team Leader shall order the inmate to “walk”, which shall be video recorded. The Team Leader should consider the need for Qualified Healthcare Professionals and/or an alternate means of transportation such as a gurney or stair chair to follow the inmate in case an issue should arise. If the inmate refuses to walk, the inmate shall be placed on either a gurney, stair chair, or another means to be transported to a holding area.
1. If a gurney or other transportation device is used, the inmate shall not be transported face down on their stomach, unless medically indicated due to injury.

- Q. Staff members shall always maintain constant staff member observation of a restrained inmate to recognize breathing difficulties or loss of consciousness. In this regard, staff members shall be alert to issues of obesity, alcohol, and drug use and/or psychotic behavior. If the inmate remains in restraints in the holding cell, the inmate shall be under constant staff member observation until restraints are removed.
- R. Medical checks of inmates in restraints shall be conducted in accordance with 103 DOC 520, *Instruments of Restraint*.
- S. Once in a secure area, if the amount of time an inmate is to remain in restraints exceeds two (2) hours, the staff member maintaining constant observation shall initiate an Attachment #8 – Constant Observation Form, from 103 DOC 650, *Mental Health Services*.
- T. The use of force is considered complete once the inmate is placed in a secure cell/area and:
 - 1. The secure cell/area is considered the inmate's pre-determined final destination and restraints are removed;
 - 2. The inmate is transitioned into the Four-Point Humane Restraints (provided the inmate does not physically resist); or
 - 3. The inmate is transitioned to transportation restraints for a pending transport.

IX. VIDEO- OPERATOR PROCEDURES

- A. Each Superintendent shall ensure that as many staff members as possible on each shift receive standardized training in video recording, in the event of a Cell/Area Extraction. Any of the above-mentioned training shall be documented in each staff member's permanent training file.
- B. The information recorded by the Video-Operator chronicles the events occurring before, during, and after the Cell/Area Extraction. It is of the utmost importance that as much of the incident as possible is recorded and any interruptions are explained on video recording.
- C. The Superintendent shall ensure that all video cameras are always in good working order. This shall include ensuring the date/time feature is functioning properly and that the batteries and back-up batteries are charged. Prior to recording the incident, the Video Operator shall insure that the video camera is in good working order prior to utilization.

D. All supervisors shall ensure that the cell/area is cleared of any bystanders and only the Cell/Area Extraction team is present to prevent unnecessary background noise on the video recording.

E. All Cell/Area Extractions shall be video recorded, to include the following:

1. All video recordings of the Cell/Area Extraction shall begin with the Video Operator reciting the following information:
 - Inmate's name;
 - Cell/Area Extraction location;
 - Date & time of the incident; and
 - The Video Operator's name.
2. The Video Operator shall document the events prior to a Cell/Area Extraction to provide context and a history of the actions leading up to the Cell/Area Extraction. This shall include any attempts by the Impartial Staff Member to de-escalate the situation and obtain voluntary compliance from the inmate. This critical first stage allows future reviewers to understand why a Cell/Area Extraction was necessary. The Video Operator shall record disruptive or special circumstances, e.g., weapon used by the inmate, the inmate destroying property, or the inmate making threatening statements where possible. **Note:** Nothing prohibits additional video recording of de-escalation by other staff members, provided the conversation is not clinical in nature.
3. The briefing of the Team Leader and extraction team members by the Shift Commander. The Video Operator shall be positioned to video record all parties at the same time where possible.
4. Presentation of the Cell/Area Extraction team to include Qualified Healthcare Professional(s). Each member of the Cell/Area Extraction team shall remove their helmet and face mask, state their name, and describe their role in the Cell/Area Extraction (e.g., Team Leader, shield, restraints, and extremities). Team members shall hold their helmets in their hands with the number visible to the Video Operator.
5. The Impartial Staff Member speaking with the inmate. The Video Operator shall be as close as possible to the actual cell/area without hindering the Impartial Staff Member or placing the Video Operator in harm's way, except when the conversation is clinical in nature (e.g., being conducted by a Qualified Mental Health Professional or Qualified Healthcare Professional). In such circumstances, the Video Operator shall video record the conversation from a distance to avoid capturing audio of the conversation.

6. The Team Leader speaking with the inmate. The video camera shall be as close as possible to the actual cell/area without hindering the Team Leader or placing the Video Operator in harm's way. If OC is to be used, the Team Leader's warning shall be video recorded.
 7. The Video Operator shall remain with the Team Leader and shall continue recording from behind the Team Leader, over their left or right side when possible. Once the team enters the cell/area the video recording shall be continuous. The Video Operator shall be positioned in a manner to video record events occurring within the cell/area at the best possible vantage point without interfering with the Cell/Area Extraction. This may require movement by the Video Operator. It is their responsibility to capture as much video footage as possible without interrupting or impacting the Cell/Area Extraction.
 8. The Video Operator shall never take the video camera off the Cell/Area Extraction during the extraction for any reason. If for some unforeseen reason this does occur, the Video Operator shall describe in detail the events leading up to this interruption. If there is a stoppage in the video recording, the date and time shall be re-announced by the Video Operator.
 9. The Video Operator shall video record all applications of OC.
 10. The team conducting the actual Cell/Area Extraction and the removal of the inmate from the cell/area.
 11. The Video Operator shall video record the examination by the Qualified Healthcare Professional(s), refusal, and/or any medical treatment that may be administered to that inmate.
 12. The Video Operator shall video record the inmate being placed in a shower after the application of OC. The camera shall be positioned in such a manner as to offer as much privacy as possible during this 10-minute shower.
 13. Video recording shall continue until the inmate is properly secured in a secure location, the restraints have been removed, and the Team Leader indicates the Cell/Area Extraction is complete.
- F. The Superintendent/designee shall ensure all video camera recordings are forwarded to the Special Operations Division for review in accordance with 103 CMR 505, *Use of Force*.

X. MEDICAL PROCEDURES

- A. Qualified Healthcare Professional(s) shall be on location anytime a Cell/Area Extraction is authorized.
- B. All medical assessments, treatment, etc. associated with a Cell/Area Extraction shall be conducted and reported in accordance with 103 CMR 505, *Use of Force*.

XI. DECONTAMINATION OF PROPERTY, CELLS/AREAS, AND BYSTANDERS

Immediately following the Cell/Area Extraction where OC is utilized, staff members shall put all the inmate's clothing and bedding into a plastic bag to be washed and cleaned through the laundry. All the inmate's other personal property shall be bagged, taken to property to be inventoried, and stored until the inmate is returned to the cell/area. Upon returning to the cell/area, the inmate shall be responsible for cleaning the cell/area. Cleaning supplies shall be made available when this occurs.

Decontamination shall be in accordance with the manufacturer's recommendations for all property, cells/areas, and bystanders that may have been impacted after using OC.

XII. USE OF SPECIAL OPERATIONS RESPONSE UNITS

Requests for the use of Special Operations Response Units (SORUs) shall be conducted in accordance with 103 DOC 559, *Special Operations Response Units*.

**Commonwealth of Massachusetts
Department of Correction
Standard Operating Procedure**

**Attachment to 103 CMR 505, *Use of Force*
Administrative Review of the Use of Force**

PURPOSE

This Standard Operating Procedure (SOP) establishes internal guidelines consistent with 103 CMR 505, *Use of Force*, for screening and review of all uses of force by Department of Correction (Department) staff members.

All Use of Force (UOF) packages submitted in accordance with 103 CMR 505, *Use of Force*, shall be jointly reviewed and screened by the Special Operations Division (SOD) and the Professional Standards Unit (PSU). The review and screening shall include a review of all UOF package materials. The review shall also include, but not be limited to, consideration of what circumstances led to the UOF, if the UOF was appropriate, and if the amount of force used was objectively reasonable. After review, if there is no indication of misconduct, or a violation of regulations or policies, the matter may be considered “Reasonable” and Cleared, Closed, and Filed (CCF) upon agreement between the Director of Operational Services/designee and the Chief of the PSU/designee.

Whenever a UOF incident involves the following, the incident shall be referred to the Joint Triage Committee (JTC), together with all pertinent information, for further review and consideration:

1. A death;
2. Serious bodily injury to inmate(s) or staff members because of the UOF;
3. Criminal investigation; or
4. Has not been CCF jointly by the SOD and PSU.*

**Issues that do not rise to the level of misconduct, however, may still be violations of policies/procedures (e.g., a UOF package is submitted late) and may, at the discretion of the Director of Operational Services/designee, be determined to be “Reasonable with Further Action” at the institution level. The Director of Operational Services/designee shall retain the authority to then determine if such a referral is appropriate or send the incident to the JTC for further review/consideration.*

The JTC shall consist of the following members or their designee: Chief of Staff, Chief of the PSU, Director of the Policy Development and Compliance Unit (PDCU), Director of the Division of Staff Development (DSD), Director of Operational Services, and the responsible Assistant Deputy

Commissioner (for the purpose of the JTC, only an ADC or higher may be considered as an ADC's designee).

The JTC shall review referred UOF packages in their entirety to determine whether the UOF should be CCF, referred to the Chief of Staff as "Reasonable with Further Action," or referred to the PSU for a full investigation. Misconduct unrelated to the UOF may be the subject of a separate investigation as determined by the Chief of PSU.

Whenever a UOF is referred for investigation, the investigator shall use the Director of Operational Services/designee as a subject matter expert regarding the UOF via an audio recorded interview. This interview shall take place at the end of the investigative process.

All findings and conclusions made during administrative review and screening, whether by the SOD, PSU, Chief of Staff, or the JTC, shall be documented in writing.